

E-Residence Card

Dear Agent,

We are pleased to issue the E-Residence Card to the Applicant listed below and his/her dependents on the following conditions:

Name of Applicant _____

Conditions:

1. That the card remains valid as long as the Applicant and his/her dependents remain covered by a valid health insurance.
2. That as soon as the said health insurance is renewed, the renewal notice is sent immediately to Identity Malta Agency within 30 days from the renewal date.
3. That it is understood by the Applicant that this card is being issued specifically in view of an application under the Granting of Citizenship for Exceptional Services Regulations. Should this condition change for whatever reason, the card will be revoked.

Signed _____

Agent No. _____

Name: _____